

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2008

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd floor, Baton Rouge LA 70809, (225)763-8777 or (800)842-6630. No fee is required
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Haynie Randy K.
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capital Station Baton Rouge, LA 70804
Street and No. City State Zip

MAILING ADDRESS 1465 Ted Dunham Avenue Baton Rouge, LA 70802
Street and No. City State Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

FOR OFFICE USE ONLYPostmark Date: 4/1/08*Supp 08***1072164**

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HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



1. Name Philip Morris USA Inc., by its service company Altria Client Services, Inc

Address 1005 Congress Avenue, Suite 850, Austin, TX 78701

Business or purpose : Tobacco

☒ New Representation X
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

2. Name Philip Morris USA, Inc. (through its service corporation Altria Corporate Services, Inc.)

Address 6601 W.Broad Street, Richmond, VA 23230

Business or purpose Tobacco

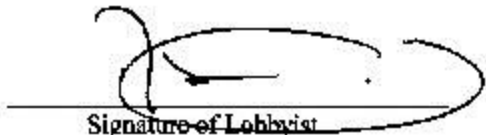
☐ New Representation
Does this person pay you?

If No, who pays you? _____

☒ Terminated Representation as of April 1st, 2008

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist